



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: SHAHZADA BILAWAL TDCJ # 02129673Unit: Lynagh Housing Assignment: A 103Unit where incident occurred: E-111-B

OFFICE USE ONLY

Grievance #: 2019142893Date Received: JUN 24 2019Date Due: 7-24-19Grievance Code: 410Investigator ID #: I2229Extension Date: JUN 28 2019

Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Sgt. Francisco, GI, The Captain ^{Mranda} When? 6/12/19What was their response? To Grieve itWhat action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I AM GRIEVING THIS STEP 1 TO SHOW THAT OFFICER DIAZ COIII has Repeatedly written me up and given me wrongful case when in fact he had no right to and I will prove his Valor, and Professionalism Towards his job duties are nothing more than a show of wrongful tactics. I HAVE BEEN GIVEN 3 CASES FROM THIS OFFICER... NONE OF THESE CASES ARE SOUND OR VALID. THESE CASES ARE ALL WRITTEN IN A VINDICTIVE MANNER. I HAVE BEEN VIOLATED IN THE WORST MANNER BY AN OFFICER SWORN TO HONESTY VALOR AND PROFESSIONAL EXCELLENCE WHICH NONE OF THESE CASES ARE BOUND BY.

* 1ST CASE WRITTEN 4-15-19 THIS OFFICER WROTE ME UP FOR BEING AT A TABLE IN THE DAYROOM E-WING WHEN I IN FACT HAD PERMISSION TO GO GET WATER DURING AN INMATE OUT AND I DID NOT MAKE IT BACK TO MY CELL IN TIME WHEN ANOTHER OFFICER CAME FROM ANOTHER DIRECTION AND CLOSED MY DOOR I WAS NEVER ASK FOR MY ID.

* 2ND CASE 4-24-19 E-WING THIS OFFICER WROTE ME UP FOR THE SAME EXACT OFFENSE ONLY THIS TIME I MADE IT BACK FROM GOING TO GET WATER TO MY CELL. AGAIN I WAS NEVER ASK FOR MY ID.

* 3RD CASE WRITTEN 6-12-19 E-WING SAME OFFICER, WHAT A COINCIDENCE, I WAS TARGETED AGAIN! THIS OFFICER CAME TO MY CELL BECAUSE HE SMELLED SMOKE IN THE DAY-

ROOM AND TOOK IT UPON HIMSELF TO TARGET ME AGAIN AND
 CAME IN AND SAID HE FOUND IN MY POSSESSION A ROLLED
 CIGARETTE CONTAINING GREEN LEAFY SUBSTANCE, WHEN IN
 FACT HE FOUND WHATEVER IT WAS IN THE WINDOW SEAL
 AND NOT ON MY PERSON I DO NOT SMOKE, I PASSED THE
 URINE TEST AND CANT UNDERSTAND HOW THIS CASE IS VALID
 URINE TEST PROVES I NEVER USED OR POSSESSED THIS
 IT WAS FOUND IN WINDOW SEAL "FACT"

Action Requested to resolve your Complaint.

OVERTURN THE 3RD CASE 6.12.19 AND
 RETURN MY G-2 STATUS, U.A. PROVES I NEVER USED AND HAD.

Offender Signature: 

Date: 06/22/19

Grievance Response:

Your complaint has been noted. A review of case #20190249878 did not identify any technical or processing errors to warrant overturning your case. All sanctions imposed are within agency guidelines and will stand. No further action warranted by this office.

Warden K. Putnam

JUN 28 2019

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	